

PRETRIAL SERVICES SUPERVISION REPORT

WHAT OFFICER DO YOU REPORT TO: _____

SUPERVISION REPORT FOR MONTH OF _____, 20__

(All questions pertain to the month indicated above.)

NAME:		WHAT IS YOUR NEXT COURT DATE:	
		DATE OF LAST CONTACT WITH YOUR ATTORNEY:	
CURRENT ADDRESS AND TELEPHONE NUMBER:		HAVE YOU MOVED OR HAS YOUR PHONE NUMBER CHANGED? Yes _____ No _____ If yes, give date and explain:	
LIST PERSONS BY NAME AND RELATIONSHIP WHO LIVE WITH YOU:		HAVE YOU CHANGED JOBS: Yes _____ No _____ If yes, give date and explain:	
NAME AND ADDRESS OF EMPLOYER OR SCHOOL:		IF UNEMPLOYED, HOW DID YOU SUPPORT YOURSELF?	
HOW MANY DAYS OF WORK OR SCHOOL DID YOU MISS? _____ WHY?		WERE YOU ARRESTED OR QUESTIONED BY LAW ENFORCEMENT OFFICIALS? Yes _____ No _____ If Yes: DATE: _____ PLACE: _____ DETAILS:	
LIST ALL MONEY RECEIVED OTHER THAN FROM EMPLOYMENT, INCLUDING SPOUSE'S INCOME, LOANS, RELIEF BENEFIT, ETC. GIVE SOURCE:		DISPOSITION:	
LIST ALL VEHICLES OWNED OR DRIVEN BY YOU: <u>YEAR</u> <u>MAKE</u> <u>COLOR</u> <u>LICENSE NO.</u> 1) _____ 2) _____ 3) _____ 4) _____		ARE YOU REQUIRED TO PAY URINALYSIS, COUNSELING OR ELECTRONIC MONITORING FEES? Yes _____ No _____ HAVE YOU MADE A PAYMENT THIS MONTH? Yes _____ No _____ If No, Explain:	

NOTE: A FALSE DISHONEST OR INCOMPLETE ANSWER TO A QUESTION IN THIS REPORT MAY RESULT IN THE REVOCATION OF YOUR RELEASE, IN ADDITION TO PROSECUTION UNDER 18 USC § 1001.

SIGNATURE: _____
____ Please mail me additional supervision report forms.

DATE: _____

PSO COMMENTS: HOW FORM OBTAINED Mail _____ OV _____ HC _____ CV _____

RETURN THIS FORM TO:

SIGNATURE OF PSO _____

DATE: _____